



**Motor  
Vehicle  
Division**

46-0407 R04/12 www.azdot.gov

Mail Drop 552M  
Dealer Licensing  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100

**AUTHORIZATION TO  
RELEASE INFORMATION**

As an applicant for a license for a motor vehicle dealer, automotive recycler or wholesale motor vehicle dealer with the Arizona Department of Transportation, Motor Vehicle Division, I am required to furnish information for use in determining my eligibility.

In this connection, I do hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged matter, to any duly authorized agent of the Arizona Department of Transportation, Motor Vehicle Division.

I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested.

I understand that the information obtained may disqualify me for a license.

Applicant Name (first, middle, last, suffix)
Applicant Signature

Acknowledged before me this date.

Notary or MVD Agent Signature			
Date	County	State	Commission Expires